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DE RUEHJM #1392 2231331  
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FM AMCONSUL JERUSALEM  
TO RUEHC/SECSTATE WASHDC IMMEDIATE 5708  
INFO RUEHXXK/ARAB ISRAELI COLLECTIVE PRIORITY  
RUEAUSA/DEPT OF HHS WASHDC PRIORITY

UNCLAS JERUSALEM 001392

SENSITIVE  
SIPDIS

NEA FOR NEA/IPA; OES/IB FOR WINN; DEPT PASS TO USAID FOR  
ANE/MEA:MCCLOUD/BORODIN; DEPT PASS TO USDA; HHS FOR CDC AND  
OGHA

E.O. 12958: N/A

TAGS: [EAGR](#) [EAID](#) [ECON](#) [KWBG](#) [SENV](#) [TBIO](#) [KFLU](#)

SUBJECT: FIRST FATALITY FROM H1N1 CONFIRMED IN THE WEST BANK

¶1. (SBU) Summary: Palestinian Authority (PA) Ministry of Health officials confirmed that the first death in the West Bank from H1N1 occurred on August 7. A 34-year-old man contracted flu-like symptoms during a pilgrimage to Saudi Arabia. Upon his return, he was diagnosed with H1N1 at a Ramallah hospital but died within 24 hours of being admitted. End summary.

¶2. (SBU) The General Director of Primary Health Care and Public Health in the PA Ministry of Health (MoH), Dr. Assad Ramlawi, told Econoff on August 10 that the 34-year-old Palestinian man was on the hajj to Mecca when he exhibited flu-like symptoms. He consulted private doctors in Saudi Arabia and Jordan, neither of whom accurately diagnosed his condition. He returned to the West Bank and was admitted to the hospital on August 6. A few hours after he was admitted, the hospital confirmed his diagnosis as H1N1. However, he had already contracted a severe case of pneumonia, with both lungs seriously infected, and he died on August 7.

¶3. (SBU) The MoH has reported 92 cases of H1N1 in the West Bank. The PA has not instituted any new measures concerning H1N1 since the August 7 death, according to the MoH. PA officials are monitoring travelers returning from Saudi Arabia, however, since they suspect the virus is more widespread there.

¶4. (SBU) The MoH launched a public awareness campaign about H1N1 in May, hanging 20,000 posters in cities, placing public announcements on radio and television, providing travelers with informational pamphlets, and establishing a hotline. The MoH also trained its staff to identify H1N1 symptoms and respond to reported cases appropriately. According to Ramlawi, the informational hotline ran 24/7 during May, June, and July, and fielded approximately 20,000 calls. In August, the daily number of calls dropped from an average of 250 to 25, and the MoH reduced the hotline to eight hours per day. Ramlawi said that the number of calls to the hotline has not increased since the announcement of the first fatality from H1N1.  
WALLES